MEMORANDUM

TO: Sagamore Hills NHS; Harpers Ferry Center

FROM: Harris H. Shettel, Evaluation Consultant

SUBJECT: Results of Focus Group with People With Disabilities

DATE: August 24, 2001

Introduction

Three persons with a major disability agreed to join a discussion group to talk about their museum-going experiences as they relate to their disability. One person was totally blind from childhood, another had very limited vision and is considered legally blind, and another person was confined to a wheelchair but was able to see and hear. The latter person also had a guide dog. All three were female.

Included in the discussion group were two members of the Sagamore Hill staff (Elizabeth Hoerman, Acting Superintendent and Celeste Bernairdo, Acting Chief of Interpretation), and one person from the Harpers Ferry Center (Paula Lange, Exhibit Planner). I acted as the overall discussion facilitator.

The discussion lasted approximate 11/2 hours and was actively participated in by all those present. It was held in a room at the Old Orchard Museum at the Sagamore Hills site on the morning of August 22, 2001.

Since the topic being discussed was exploratory, a preconceived set of questions was not considered appropriate. Rather, a more informal and open format was followed allowing the conversation to move into those areas considered most important and valuable to the participants. For the same reason, the results presented below do not follow the entire conversation, but reflect those comments that have the most salience to the overall topic of museum and exhibit accessibility. (Notes were also taken by the three Park Service participants.)

Results

It should be noted at the outset that all three participants were active, if not avid, museum goers. This is important for two reasons. First, they had a rich store of experiences that they could "bring to the table." Museums have played, and continue to play, an important part in their lives. They want to "go" and they want the experience to be as enjoyable and fruitful as possible. Second, they may or may not be representative of the population of persons with disabilities in general. One can say with absolute certainty that three individuals do NOT represent any kind of a statistical sample of that larger population of disabled persons. In fact, demographic studies of museum visitors suggest that persons with disabilities are under-represented in that population. One would almost certainly get a different set of results if one were to carry out similar sessions with this population of non- or seldom-museum goers. .

However, three articulate, intelligent, museum goers who happen to have a disability and are willing to share their experiences, represent a major source of valuable insights that should be taken very seriously by those who want to make museums and their exhibits more accessible. It is in this spirit that the session was held and reported on here.

Because the nature of the disabilities reflected in the three participants is so distinct, it is possible to separate the comments made into two categories, those appropriate for persons confined to a wheelchair and those appropriate for persons who have very limited or no vision.

Wheelchair Bound

The phrase "physical accessibility" captures the meaning of most of the comments made by this person. However, there is an important aspect to her comments that goes beyond her ability to maneuver through the rooms and exhibit spaces easily that may be more appropriately called "psychological accessibility". This was brought out most tellingly when she described the difficulty she had in entering the building. First, she had to be helped to go to the back door through the outside lawn, and, second, she had to be helped to traverse the small incline that enabled her to get up the single small step at the back door. The lawn was damp and very hard to traverse with her motorized chair and the incline was too steep to allow her heavy chair to enter the building without assistance. These were the physical problems.

The psychological problem is that this kind of treatment puts the wheelchair user in the category of a second-class citizen who cannot use the front door! This problem could, or course, be "fixed" by adding a ramp system to the front of the building, which is being considered.. But this runs into another problem – modifying the entrance in this way would certainly reduce (destroy?) the beauty of the entrance. (If the building is an historic site it may even be **illega**l to do so – I do not know if this is true but it would certainly complicate the issue.)

If for whatever reason the back of the building is going to become the entrance for wheelchair-bound persons, a "solid" walk needs to be constructed from the front sidewalk to the back entrance and a ramp conforming to ADA standards needs to be in place at the step. This would at least address the physical side of the problem.

Another special point made in the discussion of wheelchair accessibility was the need to have at least two spaces set aside for wheelchairs in any kind of auditorium seating (as, for example, in room #4). This is simply because these persons often travel in pairs, and it would be awkward to have only one space when there are two persons who need them. Another dual physical/psychological issue.

Another important point brought out in the discussion is that all hands-on and interactive exhibit elements should, if at all possible, be *reachable* and *manipulable* from the wheelchair position. To be able to see such elements and see others using (and enjoying) them without their being able to use them would be another physical and psychological barrier. It should be noted that our discussant was not only confined to a wheelchair but she had great difficulty controlling her hand and arm movements. This may be a problem that is beyond accommodation or remediation for some kinds of exhibit elements that world require a certain amount of physical exertion, reach, hand-eye coordination, etc. However, keeping this kind of problem in mind when designing these elements may well avoid/reduce unnecessary obstacles to such persons. At least those items in the planned TR exhibition that can be touched by visitors should be accessible from a wheelchair position.

Finally, the general issue of the sight level of objects, text material, videos, computer screens, etc., was noted. Sight lines from the wheelchair user to these critical parts of an exhibition need to be unobstructed. A useful resource for detailed guidance related to this issue can be found in the *Smithsonian Guidelines for Accessible Exhibition Design,* which can be obtained from:

The Accessibility Program
Smithsonian Institution
Arts and Industries Building, Rm. 1239 MRC 426
Washington, DC 20560

I cannot resist making the observation that many if not all of the recommendations made in this and similar documents related to accessibility issues for the disabled are just as valid for the **general casual visitor**. Type fonts that are too small to read, labels that are too far away to see, lights that shine in your eyes and blind you, and text that is written for the subject matter specialist (and this is the "short" list), are all common problems that exist today throughout the museum world (including the Smithsonian!). Their "correction" would be of significant benefit not only to those who are confined to a wheelchair but to **all** visitors.

Sight Impaired

The issues related to this population are of a different order of magnitude than those related to the wheelchair bound. They are denied the very sensory input that is most critical to the museum visit – sight. This shifts the emphasis to the two sensory inputs that are available to them – touch and sound.

Several important points related to touch were made. Perhaps the most significant is the value placed on this modality by the two persons representing this disability. Their palpable excitement when those items that were planned to be made "touchable" in the TR exhibition were described was hard to miss. This was especially true of those items connected directly with TR, like the rough rider hat and the branding iron used by TR. While they are not "real" they are authentic replicas of the real thing. Even sighted visitors are not allowed to touch items that are one-of-a-kind and that could be compromised by constant touching. Thus, the sight impaired are not being singled out for this restriction (no psychological barrier). They seemed to fully understand this point.

One of the items noted in the list of touchables was a globe of the world that is made like a top. The discussion around this object raised a couple of important points. First, the relevance of this globe to the exhibition as a whole was questioned. It seemed to be a "stretch" to make a meaningful connection (man of the world?). Second, this is not only something to touch but also something that requires a certain amount of manipulation. This would make it problematic for those who could not see how or what to do to make it "work". This could lead to frustration and would constitute a kind of psychological barrier.

Coming out of this discussion was a larger and more important issue. If touch is so important to those with sight disabilities would it not be desirable to incorporate as many touchable objects as possible into the exhibition design? While the theoretical answer is "Yes", the practical question is how to make such items meaningful and not just "something to touch". The world globe provides a good example of the problem. The challenge to the exhibit planner and designer is to carefully select as many **relevant** touchable materials as possible – that is, ones that would contribute to the story line of the exhibition (or, would make it easy for the docent or audio program to make the connection between the object and the story line). Ideally, each major section of the exhibition would have at least one item that would relate well to that section, even if replicas had to be used rather than the "real thing," In this way an almost complete story could be communicated to the sight impaired visitor through these touchable objects. While this ideal may be beyond the reach of this particular exhibit development effort, it seems worthy of keeping it in mind as a goal to strive for

This issue connects directly to the second modality available to the sight impaired, sound. There is no doubt that listening to a description of the contents of an exhibition is the major source of information for this

population. However, an audio presentation alone (whether through an audio device of some kind or from a docent) would be enhanced significantly by the ability to touch representative, relevant objects, as noted above. This combination would seem to be the most effective way of providing a satisfying exhibit experience comparable to that available to the general visitor. In fact, since those who use an audio guide are more likely to "use" an exhibition in a pre-planned, comprehensive and systematic way, their exhibit experience is very likely going to be more comprehensive and informative (and thus enjoyable) than that of the typical casual visitor, who tends to pick and choose, often on what seems like a random basis, what he or she wants to pay attention to.

The use of some kind of device to provide the audio content came up for considerable discussion. The gist of what was said had to do with the need to design the audio to fit the special needs of the sight impaired. It turns out to be harder than one may think to do this – I have personally listened to such an audio presentation that asked the user to find a certain exhibit element based solely on visual cues!! This is an obvious case of needing the help of those who will use the device in designing its content.

Another important point made in this discussion was that the use of earphones is a major distraction to those who rely on sound cues to navigate their environment The earphones mask out these cues. A much better kind of device would be one that is held up to the ear when used. Also, if a numbering system is to be used to match the appropriate message with the appropriate location, the number keys on the device should be raised for tactile identification. This would apply as well, or course, to the number at the location itself. The use of brail, it was noted, is not a good choice because those who know how to use it are in the minority. Apparently it is no longer being taught. This insight would apply to all other places where information is to be presented by tactile means.

A more general principle came out of this conversation that may not occur to designers and fabricators. If at all possible, a consistent pattern should be followed in locating messages for the sight impaired. For example, if raised numbers are used to locate exhibit elements that have an audio presentation, they should always be placed in the same relative position on the case ware. This establishes a code that can greatly facilitate the use of the exhibition by this group. (The New York Hall of Science in Flushing was noted as an excellent example of the proper use of audio guides for the sight impaired.)

Live audio can be a special problem. Distracting sounds coming from different locations are confusing to those who have normal vision and hearing. They are even more confusing to those with sight or hearing difficulties.

It was noted that Colonial Williamsburg was an outstanding example of a facility that had an excellent program for the visually impaired. (Three days with your own interpreter! Not a model that everyone could emulate.) It may be worthwhile getting in touch with them to see if they have any materials available that would describe their program. The person to contact would be:

Conny C. Graft
Manager, Visitor Research for Educational Programs
Colonial Williamsburg Foundation
PO Box 1776
Williamsburg, VA 23187-1776
Phone – 757 220-7216
Fax – 757 220- 7207

I have known Conny for many years – you can use my name.

Another area of discussion had to do with the importance of giving those with limited vision an orientation to the exhibit area so they would have a mental image of the size and overall layout of the space they are about to enter. While the audio guide could try to o this (live or mechanical) it was felt that a tactile model of the area might be even more helpful. In this way relative room size, as will as room and exhibit element location, could be communicated. (It would be important to test various versions of such a device with a couple of intended users to see if it is communicating appropriately. It seems to be the case that visitors in general have difficulty with spatially orienting themselves within an exhibit area, even when appropriately designed "You are here" maps are provided. See the handout that Lori passed out at the session - especially the second paragraph of the Discussion section on p. 3 - for some further helpful insights on this subject.).

In the above comments I have made reference several times to the use of docents to assist the visually impaired in their use of the exhibit space. It should be emphasized that, just as an audio tour must be specifically designed for that population, so too must the docent tour. Simply giving the standard tour used for the average sighted visitor.will not do the job, and, in fact, may be seen as more frustrating than helpful. Special training would need to be provided to anyone filling this role.

An interesting point about "touching" came up. If sight impaired persons are allowed to touch objects that the typical visitor cannot touch, will this create a problem? I can see this being handled better if a docent is leading the tour for the sight impaired since he or she can remark that a special exception is being made. However, if this is being communicated over an audio device and one person is seen touching an object that has a big "**DO NOT TOUCH**" sign on it, one could envision a problem being created. It would probably be best if the "touch/don't touch" rule held for everyone without exception. (This point was also noted in connection with "ringing the bells" at the TR house. Private tours for disabled persons may be the best way to get around this kind of problem.)

If there is a video without an audio track (as there will be in the planned exhibition) it was felt to be helpful to have a verbal description of the action on the video provided as well. This could be done as an addition to the video itself as an overlay or it could be included only on the audio guide tape. The former would add a distracting element for those who could see the video. It would seem to make sense to add an audio overlay only to those video or film segments that would not be understandable without the description. For example, a video of TR giving a speech really needs no explanation per se (there may be a need to convey "where" and "when" information). However, one showing him charging up San Juan Hill probably would need a separate audio explanation.

Concluding Remarks

There is little doubt that sessions such as this can contribute significantly to our understanding of the needs of those with disabilities in their use of and interaction with museums and their exhibits. The comments noted above are rich in their implications not only for the TR exhibition being prepared, but for exhibits in general that the NPS is planning to develop. The challenge that remains is to try to implement as many of these suggestions as possible into the "finished product".

A final recommendation: Since this development effort makes provision for a Remedial Evaluation step when the exhibition is finally installed, it would be extremely helpful and informative if persons with disabilities were included in this final testing phases of work. The three participants in this group agreed to be part of this work. Their involvement would provide the NPS with a virtual gold mine of guidance that would contribute to our body of knowledge in this very important area.